

HEE Quality Interventions Review Report

**North East London NHS Foundation
Trust (Goodmayes Hospital)**

Psychiatry

Risk-based review (Learner and Educator Review)



London - North East London

26 November 2020

Review Overview

Background to the Review:	A learner and educator review was planned as a follow up to a multi-professional on-site visit in July 2019 when concerns were raised around patient safety, trainee safety and the process around Mental Health Act assessments.
Training Programme/Learner Groups Reviewed:	Psychiatry – 12 trainees (general practice, foundation, core psychiatry (CT1-3), general adult and old age psychiatry trainees (ST4+))
Who we met with:	<p>Director of Medical Education Chief Executive Executive Medical Director Deputy Medical Director Associate Medical Director (Acute and Rehabilitation Directorate) Postgraduate Tutor/Training Programme Director Post Graduate Tutor Simulation Lead Guardian of Safe Working Hours Support RTT Champion Less than full time Champion Fellow in Medical Education Fellow in Medical Education Medical Education Manager Deputy Associate Medical Director (Acute and Rehabilitation Directorate) Acute and Rehabilitation Directorate Integrated Care Director General practice, foundation, core psychiatry (ST1-3), general adult and old age psychiatry trainees (ST4+) 28 clinical and education supervisors in psychiatry</p>
Evidence utilised:	<p>Local Faculty Group minutes Medical Education Centre minutes Annual Guardian of Safe Working Hours report Teaching timetables and attendance lists Trainee rotas Internal action plans relating to Health Education England reviews and Care Quality Commission visits</p>

Review Panel

Role	Job Title / Role
Quality Review Lead	Elizabeth Carty Deputy Postgraduate Dean
Specialty Expert	Vivienne Curtis Head of the London Specialty School of Psychiatry
Specialty Expert	Keren Davies Foundation School Director, North Central and East London
Specialty Expert	Jyoti Sood Deputy Head of School for General Practice, North Central and East London
Lay Representative	Jane Chapman
Learner Representative	Megan Moxon-Holt CT3 Trainee Representative
HEE Quality Representative	Louise Schofield Deputy Postgraduate Dean
HEE Quality Representative	Chloe Snowdon Learning Environment Quality Coordinator Quality, Patient Safety and Commissioning Team (North East London)
Supportive Roles	Naila Hassanali Quality and Patient Safety Officer Quality, Patient Safety and Commissioning Team (North East London)

Executive summary

A risk-based learner and educator review of psychiatry at North East London NHS Foundation Trust (Goodmayes Hospital) was planned as a follow up to a multi-professional on-site visit in July 2019. The review was conducted over Microsoft Teams due to ongoing Covid-19 restrictions. The review team met with foundation, General Practice Vocational Training Scheme, core specialty and higher specialty trainees. The review team also spoke to clinical and educational supervisors and representatives from the Trust's management and education and training teams.

The review team was pleased to hear that trainees felt supported by the whole multi-disciplinary team and enjoyed working in their individual teams. The review team also heard that trainees and supervisors felt the management team was approachable and that there was a culture of promoting learning in the Trust. The review team heard that consultants were having monthly meetings in which they discussed issues relating to education and training. The review team felt that these meetings were crucial in sustaining the positive changes the Trust had made around support and training provided to trainees.

Both the trainees the review team met with and the Trust representatives said that response times of the Psychiatry Emergency Team (PET) were slow on occasion and the review team asked the Trust to continue work to improve this. Some of the trainees said that they were not very clear on the handover process (from night-time on-calls to daytime) in the child and adolescent mental health unit. The clinical and educational supervisors were aware of the issue and were thinking about how they could improve the handover process. The review team asked that the handover process be formalised and shared with trainees.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
- 1.6. The learning environment promotes interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>The trainees the review team met with confirmed that they knew the handover process and felt it worked well overall. The trainees indicated that the one exception to this was in the child and adolescent mental health unit where trainees were not aware of any formal handover process. The trainees suggested that the handover process could be standardised across the whole of North East London NHS Foundation Trust (NELFT). The review team asked the educational supervisors (ESs) and clinical supervisors (CSs) what the handover process for the child and adolescent mental health unit was. The supervisors explained that no discharges from the unit happened without a discussion with the consultant first and that generally discharges were not made at night anyway. However, the supervisors said that they were aware of some of the questions the trainees had around the process and were in discussion with trainees on how this could be improved – potentially by having a central consultant who the trainees knew to contact for handovers.</p>	P1.1
1.1	<p>Serious incidents and professional duty of candour</p> <p>The review team asked the trainees whether they thought they had experienced any patient safety issues. Some of the trainees said that they had experienced some incidents which they had felt they needed to report but that these were well investigated, and they received feedback from the investigation. Trainees said that where they knew about incidents but someone else reported them, the trainees saw evidence that the Trust made changes to rectify the issues.</p> <p>The review team asked whether trainees felt there was any stigma around raising concerns through the DATIX incident reporting system and the trainees said that they felt it was acceptable to raise DATIX incidents. The trainees confirmed they would raise DATIX incidents if they felt they needed to (and some trainees had done so).</p> <p>The ESs and CSs told the review team that they encouraged their trainees to raise any patient safety concerns they had during supervision meetings and during multi-disciplinary team (MDT) teaching sessions. The supervisors also said they involved trainees in processes around learning from serious incidents.</p>	
1.2	<p>Bullying and undermining</p> <p>The trainees reported that they had not experienced or witnessed any bullying or undermining behaviour. The ESs and CSs the review team met with confirmed that they had not recently received any reports of bullying or undermining behaviour from the trainees they supervised. The supervisors said that undermining had been raised in the past and the Trust had worked hard to change this and create positive working relationships among staff.</p>	
1.3	<p>Quality Improvement</p> <p>The supervisors the review team met with explained that quality improvement (QI) was quite new to the Trust but that there were an increasing number of opportunities for trainees to get involved in QI projects. The review team heard</p>	

	that some trainees were being supported to undertake a QI project, with a view to presenting at an international conference.	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The foundation trainees told the review team they felt well supported and supervised in their placements.</p> <p>The review team asked the trainees about the response time of the Psychiatry Emergency Team (PET) as this was a problem reported in the previous review to Goodmayes Hospital in July 2019. The trainees reported that the response time of PET had improved although some trainees said they still called the team in advance of needing them as they were concerned about how long it would take them to arrive. The trainees said that the PET response time was discussed among the wider MDT too as it was sometimes still too slow. The trainees also commented that they felt the PET were not always well supported themselves, and trainees felt like they had to support the PET with challenging patients. The Trust representatives highlighted that there had been improvements in the response times of the PET but that they were aware there was still work to be done. The Trust representatives said they were committed to improving PET response times.</p> <p>The CSs explained that they met with trainees for an hour each week and found it quite easy to be able to provide this time flexibly.</p> <p>The ESs and CSs told the review team that a consultant rota had been created Monday to Friday (09:00 to 17:00) for Section 136 Mental Health Act assessments so that trainees knew who to contact if they had any concerns or questions on this. The supervisors also explained that a new locum consultant had been appointed to the acute crisis assessment team and so any concerns trainees previously had about the team were now raised and resolved with the input of that consultant.</p> <p>The CSs and ESs explained that when trainees started at Goodmayes Hospital, the Associate Medical Director, the consultants, and the trainees came together in a meeting. The supervisors said that this made trainees feel more comfortable approaching consultants on the wards.</p>	P1.4
1.4	<p>Appropriate levels of Educational Supervision</p> <p>The review team heard that the ESs tried to be flexible with how often trainees wanted to meet but ensured that they spoke to trainees at least every three months.</p>	
1.6	<p>Multi-professional learning</p> <p>The foundation trainees told the review team that the multi-professional team had been very welcoming and supportive when they started their placements. The foundation trainees also said they had regular MDT meetings and that the MDT worked well together.</p> <p>The CSs and ESs told the review team that they had received positive feedback from trainees regarding the MDT learning experiences, including the MDT bitesize learning sessions which had been set up to provide short (half an hour) teachings on subjects relevant to patients on the wards. The CSs and ESs said they encouraged trainees to attend these sessions and ensured they had time to attend.</p>	

Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.</p>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The CSs and ESs confirmed that they were happy that if they raised any concerns or difficulties to the management team that these would be dealt with, and they would receive feedback on the actions taken.</p> <p>The supervisors said there had been a real shift in the learning culture at the Trust since a learning culture champion had been appointed. The ESs and CSs said that the learning culture champion had been responsible for setting up the bitesize MDT leaning sessions which had received positive feedback from trainees. The Trust representatives also said there had been a focus from the Trust's management team on creating a positive learning culture by listening to all concerns and suggestions. The Trust representatives sought to reassure the review team that there was a drive from the Trust management to ensure that all positive changes were maintained and to make NELFT a great placement for trainees.</p> <p>The ESs and CSs explained that the junior doctor forums were well established at the Trust and had very good trainee representation .</p>	
2.1	<p>Impact of service design on users</p> <p>The ESs and CSs highlighted that in the past, trainees had felt unsafe moving about the Goodmayes site at night and that the Trust had listened to these concerns and made improvements to ensure trainees felt safe. The review team were pleased to hear that all trainees felt safe moving around the Goodmayes Hospital site at night.</p> <p>The review team enquired whether problems with rota gaps previously reported at the review in July 2019 had been rectified. The trainees confirmed that they had not experienced problems with rota gaps recently.</p> <p>The review team asked the trainees whether they all had personal alarms and key cards to give them access to all buildings as this was a problem reported at the previous review in 2019. The trainees reported that when on-call, they signed out an on-call pack which had personal alarms in and that they had not had any issues with this. The trainees said that past issues around supervision, cover and handovers for on-calls had been resolved and that any issues raised were listened to and actioned by the Trust. The trainees the review team met with said that their experiences at NELFT had been positive and they had been exposed to good learning opportunities but did describe</p>	

	<p>feeling that there was not enough information about available posts and that this affected post allocation choices and processes.</p> <p>The ESs and CSs told the review team that since the previous review to Goodmayes Hospital in 2019, the Trust had provided more support for on-call shifts to ensure enough cover for the busy hours. The supervisors explained that improvements had been made to ensure trainees knew who the consultant on-call was as well. The supervisors highlighted that further plans for improving the busy workload of higher specialty trainees on-call were being investigated by the Trust.</p> <p>The trainees explained that restrictions introduced because of Covid-19 meant that training was provided virtually, which they felt was less engaging than face to face training. However, the trainees recognised the necessity of training being virtual. The trainees indicated that Covid-19 had impacted on discharge times, which were taking longer when the patient was being transferred to another service provider (as arranging assessments was taking longer). The higher specialty trainees said that there was not much space to socially distance in the MDT areas at Goodmayes Hospital.</p> <p>The champion for less than full time trainees told the review team that there had been very few concerns raised by less than full time trainees recently.</p>	P2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The ESs and CSs highlighted that since the previous review to Goodmayes Hospital in 2019, the Trust management had made a robust effort to resolve all of the actions raised by Health Education England (HEE) and to listen and respond to any further concerns raised by learners and staff.</p>	

Domain 3 – Supporting and empowering learners		
<p>3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Learners being asked to work above their level of competence, confidence and experience</p> <p>The foundation trainees confirmed that they felt well supported and had not been asked to work outside of their competencies.</p>	
3.1	<p>Regular constructive and meaningful feedback</p> <p>The foundation trainees said that they received constant feedback on their work (both positive and constructive). The foundation trainees said that the first two weeks of the placement had been a steep learning curve but that the MDT had provided good support and feedback which made the transition</p>	

	<p>easy. The GPVTS trainees also said they received good feedback from consultants and that consultants were very accessible.</p> <p>The CSs and ESs said they regularly asked foundation trainees to present cases and provided them with feedback on this.</p>	
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards</p> <p>The review team asked the foundation trainees if they had time to get their assessments completed and the trainees confirmed they did. The General Practice Vocational Training Scheme (GPVTS) trainees also said they had good time to complete their assessments.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>The foundation trainees provided mixed feedback on their induction with some having a very thorough induction and a small number who, due to the ongoing Covid-19 situation, had been missed off the induction list and so had to arrange their own induction training and did not receive the induction pack.</p>	P3.4

Domain 4 – Supporting and empowering educators

- 4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2. Educators are familiar with the curricula of the learners they are educating.
- 4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4. Formally recognised educators are appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	<p>Access to appropriately funded professional development, training and appraisal for educators</p> <p>The ESs and CSs told the review team they had good access to inductions and training for their supervision roles, with training on how to be a supervisor running many times a year. The supervisors highlighted that they received training on how to support trainees to raise exception reports.</p>	
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>The ESs and CSs confirmed they did not have any concerns about being supervisors at NELFT, and felt they had the support and time they needed. The supervisors said the Training Programme Directors (TPDs) were very approachable if they needed to contact them about a trainee in difficulty and the TPDs passed on any ad-hoc information they thought supervisors needed to be aware of. The ESs and CSs said that the medical education team at NELFT were also very approachable and supportive.</p> <p>The review team heard that consultants were having monthly meetings in which they discussed issues relating to education and training. The ESs and CSs the review team met with explained that these meetings had been used to discuss the HEE actions from the previous review to Goodmayes Hospital in 2019. The review team felt that these meeting were crucial in sustaining the</p>	

	positive changes the Trust had made around support and training provided to trainees.	
--	---	--

Domain 5 – Delivering curricula and assessments		
<p>5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.</p> <p>5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.</p> <p>5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>The review team were pleased to hear that the foundation trainees were enjoying their placement and had found the work interesting. The foundation trainees explained that they weren't sure what to expect given their limited psychiatry experience previously, but felt they had learnt a lot during their placements at NELFT and particularly enjoyed the breath of learning experiences, commenting that no two days were the same.</p> <p>The trainees confirmed that Balint groups became virtual in March 2020 due to Covid-19 and had carried on virtually since then.</p>	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The foundation trainees confirmed that they were always able to attend their teaching and that the consultants were very active in ensuring that they attended. The foundation trainees said that they had learnt more from the teaching sessions than they thought they would. The review team were pleased to hear that the foundation trainees felt they had been given good exposure to psychiatric tasks such as ward rounds and clerking of patients. The foundation trainees explained that they had received good feedback on these tasks.</p> <p>The GPVTS trainees said they had no problems attending their teaching and that the teaching programme had been recently reorganised based on feedback from the previous cohort of GPVTS trainees. The GPVTS trainees said that the workload was manageable and that there were good learning and training opportunities at NELFT.</p> <p>The core specialty trainees confirmed that they were encouraged to attend all teaching by consultants and that workloads were manageable. The core specialty trainees said that when workload had been too much, the Trust had sought to find solutions – for example by finding locums to support the trainees. The core specialty trainees explained that the Trust was training members of the MDT to support with medical tasks such as taking bloods, to free up trainee time.</p> <p>The CSs and ESs said there was a strong education and training culture in the Trust and trainees were encouraged to attend all teaching available to them. The supervisors the review team met with explained that there had</p>	

	<p>been an increase in the breadth of tasks trainees were asked to undertake, with trainees being encouraged to complete tasks they didn't used to do at NELFT (for example leading ward reviews). The ESs and CSs said these new learning opportunities had been well received by trainees. The supervisors also explained that the trainees were given support for tasks such as taking bloods so that they could spend more time on other activities. The supervisors felt that when trainees identified any gaps in their knowledge, plans were put in place to help them fill these gaps.</p>	
--	--	--

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.</p> <p>6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.4	<p>Support for students making the transition from their education programme to employment</p> <p>The ESs and CSs said that they included higher specialty trainees in medical leadership and management projects to prepare them for becoming a consultant and to ensure they felt included in the running of the wards. The ESs and CSs also told the review team they provided trainees with the opportunity to supervise foundation trainees.</p>	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales

Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	None	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
	N/A	

Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
P1.1	The trainees explained that they were not clear on the handover process (from night-time on-calls to daytime) in the child and adolescent mental health unit. The clinical and educational supervisors were aware of the issue, having spoken to some trainees about it themselves and were thinking about how they could improve the handover process.	Evidence that the handover process for the child and adolescent mental health unit has been formalised and shared with trainees. To be provided by 01 March 2021.
P1.4	The trainees explained that the response time for the Psychiatry Emergency Team (PET) was still slow on occasions (this was raised as an issue in a previous review in July 2019). The trainees also felt that the PET sometimes required support from trainees when dealing with challenging patients. The Trust representatives acknowledged there were occasions when the PET response times were still too long.	Evidence (for example LFG minutes) that PET team response times and support are effective. To be provided by 01 March 2021.
P3.4	A small number of trainees did not receive an induction pack and had to arrange their own induction training when they were missed off the induction list.	Evidence that provisions have been made to ensure all trainees receive an induction, even if they start their post out of synch. Evidence also of a robust system to collect and action feedback from trainees on induction, to ensure improvements can be made. To be provided by 01 March 2021.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
2.1	The trainees raised that there was a lack of space to ensure social distancing in multi-disciplinary areas. The review team recognised that this was an issue across the NHS at present but asked the Trust to investigate how they could address this.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Psychiatry	The review team heard that the Trust had created the role of Learning Culture Champion. As part of their role, the Learning Culture Champion had introduced bitesize learning sessions. The bitesize learning sessions were half an hour long, open to the multi-disciplinary team and focused on patients currently on the wards. The clinical and educational supervisors said the bitesize sessions received good feedback from trainees.	2.1
Psychiatry	The review team were impressed to see the collaborative and multifaceted approach taken to the issues identified at the previous review and thought it was this combination of initiatives taken by the Trust which was responsible for the improvements in the learning environment. Such initiatives included: attention to important routine items which impacted on the trainees individual learning experience (for example on call packs), workforce transformation (for example the appointment of the acute crisis assessment team consultant), improved and responsive reporting mechanisms, attention to teamworking and the welcoming culture of the organisation.	1.4, 2.1

Report sign off

Outcome report completed by (name):	Chloe Snowdon
Review Lead signature:	Elizabeth Carty
Date signed:	07 December 2020

HEE authorised signature:	Gary Wares
Date signed:	14 December 2020

Date final report submitted to organisation:	14 December 2020
---	------------------

What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups